MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04543

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Washington

City or town Robersville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Robersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME George Garland Barkman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October - 17 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	5	25	hrs. min.

9. Birthplace Kempsville Wash. Co. Md. (Town, county, and state)

10. Usual occupation Miller

11. Industry or business Flour & Feed Mill

FATHER 12. Name David W. Barkman

FATHER 13. Birthplace Boonsboro Wash. Co. Md.

MOTHER 14. Maiden name Mary Garner

MOTHER 15. Birthplace Keedysville Wash. Co. Md.

16. Informant Dr. J. Hubert Wade

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April - 14 - 1940 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

18. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. Apr. 14 1940 (Date rec'd by registrar) Mc Katherine Dorsenheart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12" 1940, at 4:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15" 1939, to April 12 1940, and that I last saw h- alive on 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hours.
Due to	
Due to	
Diher conditions Arteriosclerosis	4 years

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Hubert Wade, M. D.

M. D. or other

Address Boonsboro Md. Date signed 4/12/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04544

STATE OF MARYLAND—CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

County Washington Registration Dist. No. 304

Village or City Near Hancock Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Estee W. Barney If U. S. Veteran, specify WAR

(a) Residence: No. Berkely Springs W.Va St. Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 23- 1818

7. AGE Years 21 Months 10 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Morgan Co. W.Va

FATHER

13. NAME Joshua C. Barney

14. BIRTHPLACE (city or town) (State or country) Morgan Co. W.Va

MOTHER

15. MAIDEN NAME Emma C. Henry

16. BIRTHPLACE (city or town) (State or country) Morgan Co. W.Va

17. INFORMANT J. C. Barney (Address) Berkely Springs W.Va

18. BURIAL, CREMATION, OR REMOVAL Place Berkely Springs W.Va Date May 7, 1940

19. UNDERTAKER C. L. Hunter (Address) Berkely Springs W.Va

20. FILED 5/14, 1940 T. P. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 5:00P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowned — Date of onset 4/17/40

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr. 17, 1940

Where did injury occur? Potomac River-Hancock, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Potomac River at Hancock, Md.

Manner of injury Drowned when boat was swamped and sunk in river

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. Rahn & Mello M.D.

(Address) 115 N. Potomac St Hagerstown, Md.

DEPUTY MEDICAL EXAM. WASH. CO., MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04545

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Washington Registration Dist. No. 304

Village or City Hancock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Stanley Robert Barney If U. S. Veteran, specify WAR

(a) Residence: No. Berkely Springs W Va St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 21-1923

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
16	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Morgan Co. W Va

FATHER

13. NAME Joshua C. Barney

14. BIRTHPLACE (city or town) (State or country) Morgan Co. W Va

MOTHER

15. MAIDEN NAME Emma C. Henry

16. BIRTHPLACE (city or town) (State or country) Morgan Co. W Va

17. INFORMANT J. C. Barney

(Address) Berkel Springs W Va

18. BURIAL, CREMATION, OR REMOVAL

Place Berkel Springs W Va Date May 4, 1940

19. UNDERTAKER C. L. Hunter

(Address) Berkel Springs W Va

20. FILED 5/11, 1940 J. P. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 17 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw him alive on ___, 19___; death is said to have occurred on the date stated above, at 5:00 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Drowned	4/17/40

Other **Contributory Causes** of importance:

Name of operation None Date of

Whet test confirmed diegnosis? Clinical Wes there en autopsy? No

23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Accident Date of injury Apr 17, 1940

Where did injury occur? Hancock, Md. in Pot. River

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of injury Drowned

Nature of injury Boat overturned and boy drowned in Pot. River

24. Was diseese or injury In any way related to occupetion of deceesed? No

If so, specify

(Signed) A. Rubin & Wells M. D.

(Address) 115 N. Potomac St. Hagerstown, Md

DEPUTY MEDICAL EXAMINER

WASH. CO., MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEPARTMENT OF HEALTH

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-B)

04546

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington.
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Home.
Stay in hospital or inst. (yrs., or mos., or days) ~~None~~
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wash. Co Home.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME William E. Biershing.

3. (b) Social Security Number none.

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife: none
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Nov 5 - 1872
8. AGE: Years 67 Months 3 Days 27. If less than one day ___ hrs. ___ min.
9. Birthplace Hagerstown, Wash Co Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business —
FATHER
12. Name Zachariah. Biershing.
13. Birthplace Hagerstown. Md.
MOTHER
14. Maiden name Hannah Combs
15. Birthplace Hagerstown. Md
16. Informant Mrs. Martha Mongan
Address Hagerstown. Md
17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 15 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cem
Location Hagerstown. Md
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Apr. 4, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2. 1940, at 11 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 2 1940, and that I last saw h[illegible] alive on April 2 1940.
Immediate cause of death: Chronic Myocarditis — DURATION 1 yr.
Due to
Due to
Other conditions: Chronic Arthritis; Duration two years. C.W.S.R.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M. D. or other
Address Hagerstown, Md Date signed 4/4/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

Beachley.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04547

Reg. Dist. No. 307

1. PLACE OF DEATH:
County Washington
City or town Brownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) At Home
Stay in this community (yrs., or mos., or days) 64 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Brownsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth O'Neal Botelw

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): December 6 1861
8. AGE: Years 78 | Months 4 | Days 8 | If less than one day ____ hrs. ____ min.
9. Birthplace: Wolfsville Frd. Co. Md.
(Town, county, and state)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: Dr. R. W. E. Botelw
13. Birthplace: Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name: Rebecca Dammond
15. Birthplace: Boonsboro Wash. Co. Md.

16. Informant: Mrs. S. C. Backus
Address: Brownsville Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 16 1940 (month) (day) (year)
Cemetery or crematory: St. Lukes Episcopal Cemtey
Location: Brownsville Md.
18. Funeral director: W. H. D. Bast & Son
Address: Boonsboro Md.
19. Apr. 16 1940 (Date rec'd by registrar) Cornelius H. Cassette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14" 1940, at 1.20 a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15 1939, to April 14 1940, and that I last saw h on alive on March 31" 1940

	DURATION
Immediate cause of death: Cerebral Hemorrhage	16 Mos.
Due to	
Due to	
Other conditions: Arterio Sclerosis	16 Mos.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hubert Wade M.D.
M. D. or other
Address Boonsboro Md. Date signed 4/14/40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

04548

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 229 N. Locust Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Female Child of Harry F. Bottorf Jr.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	16 hrs. min.

9. Birthplace Hagerstown- Washington-Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Harry F. Bottorf Jr.

13. Birthplace Williamsport, Pa.

MOTHER

14. Maiden name Mairaim E. Reeder

15. Birthplace Dunkirk, N. Y.

16. Informant Harry F. Bottorf Jr.

Address 229 N. Locust St.- Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 26, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

16. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Apr. 26 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1940 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940 to April 25 1940 and that I last saw h alive on April 25 1940

	DURATION
Immediate cause of death	
Premature Birth	
Due to 5 mos gestation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Bowers M. D. or other

Address Hagerstown, Md Date signed Apr. 26, 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04549

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME child of Guy L. Briming

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 - 1940

8. AGE: Years | Months | Days: 1 | If less than one day: hrs. min.

9. Birthplace Hagerstown Washington Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Guy L. Briming
13. Birthplace Bears Creek Md

MOTHER
14. Maiden name Carrie E. Rose
15. Birthplace Clearspring Md

16. Informant Guy L. Briming
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10 - 40 (month) (day) (year)
Cemetery or crematory St. Pauls Church
Location Near Clearspring Md

18. Funeral director Scott L. McKinnis & Son
Address Hagerstown Md.

19. April 9 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/8/40 19 to 4/9/40 19 and that I last saw h alive on 4/9/40 19

Immediate cause of death: Patent foramen Ovale — DURATION 4/8/40

Due to

Due to

Other conditions: Prematurity — 4/8/40

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young M.D.
M. D. or other

Address Hagerstown Date signed 4/9/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

04550

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 419 N. Locust
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 419 N. Locust
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dora E. Burhans

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1866

8. AGE:

Years	Months	Days	If less than one day
73	6	27	hrs. min.

9. Birthplace Coxsackie, Albany Co. N.Y.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business own home

FATHER
12. Name W. W. Burhans
13. Birthplace Potter Hollow N.Y.

MOTHER
14. Maiden name Isadora A. Humphrey
15. Birthplace Manor Kill, N.Y.

16. Informant Miss Louella Burhans
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 20 - 1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. Apr. 19, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 18 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5, 1940, to April 18 1940, and that I last saw h alive on April 17, 1940

Immediate cause of death	DURATION
Coronary occlusion	
Due to Arteriosclerosis	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. D. Stauffer M.D. M. D. or other
Address Hagerstown, Md. Date signed Apr 19, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(157-2)

04551

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Security

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Shiloh Rd.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) ida.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Security Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Shiloh Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Unnamed Child of James C. Butts

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 26 1940.

8. AGE: Years — Months — Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Security Wash. Co Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER

12. Name James C. Butts

13. Birthplace Harpers Ferry W. Va.

MOTHER

14. Maiden name Mary Rohrer

15. Birthplace Security Md.

16. Informant James C. Butts

Address Security Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 28 1940 (month) (day) (year)

Cemetery or crematory St Pauls Cem.

Location Near Clearspring

18. Funeral director Andrew K Coffman

Address Hagerstown Md

19. Apr. 27, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 12 30 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 4/26/40 to 4/26/40

and that I last saw him alive on 4/26/40

Immediate cause of death: Patent foramen Ovale — DURATION 1 day

Due to Prematurity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young MD M. D. or other

Address Hagerstown Md Date signed 4/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Young

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

04552

Reg. Dist. No. 302

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural- Hagerstown R D 2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nancy Alice (Sloan) Carpenter

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 14, 1940

8. AGE: Years	Months	Days	If less than one day
0	3	13	hrs. min.

9. Birthplace Hagerstown, Washington, Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Harry L. Sloan

13. Birthplace Shenandoah, Va.

MOTHER 14. Maiden name Martha Carpenter

15. Birthplace Washington County, Md.

16. Informant Harry L. Sloan

Address Hagerstown, Md. R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Broadforsing Cemetery

Location Near Cearfoss, Md.

19. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Apr. 30, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1940 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on 19

Immediate cause of death	DURATION
Suffocated in bed clothing.	4/27/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Apr. 27 '40

Where did injury occur? Hagerstown, Wash. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Suffocation bed clothing Injured at work?

DEPUTY MEDICAL EXAM

23. SIGNATURE D. Ruben S. Mello WASH. CO., MD.

M. D. or

Address 115 N. Potomac St. Hagerstown, Md. Date signed 4/29/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19[illegible]

CERTIFICATE OF DEATH

04553

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural- Smithburg, Md. R D 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eliza M. Collins

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William H. Collins

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 29, 1891

8. AGE:

Years	Months	Days	If less than one day
48	9	29	hrs. min.

9. Birthplace Milford, Deleware (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER

12. Name Edward Lowry

13. Birthplace Unknown

MOTHER

14. Maiden name Mary Jess

15. Birthplace Pennsgrove, N. Jersey

16. Informant William H. Collins

Address Smithburg, Md. R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 30, 1940 (month) (day) (year)

Cemetery or crematory Harbaughs Cemetery

Location Smithburg, Md. R D 2

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Apr. 30, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1940- 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 1940, to April 25 1940, and that I last saw h[illegible] alive on April 25 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage with Rt. Hemiplegia	60 hrs.
Due to Malignant Hypertension and Arteriosclerosis	2 to 3 yrs.
Due to Chronic Nephritis	10 or more yrs.
Other conditions L. Ventricular hypertrophy of heart c early decompensation	2 or 3 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Cerebr. hemorrhage L. hemisphere Heart disease + Art. Sclerosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Gordon E. Hanna M.D. M. D. or other

Address Waynesboro, Pa. Date signed 4/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

04554

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 28 N. Locust St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wash

City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 28 N Locust
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Ann Crim

3. (b) Social Security Number

4. Sex F

5. Color or race White

6. (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1940

8. AGE: Years | Months | Days | If less than one day 10 hrs. 2 min.

9. Birthplace Hagerstown Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Edwin James Crim
13. Birthplace Hagerstown Md

MOTHER
14. Maiden name Laura Elizabeth Moyer
15. Birthplace Lynchburg Va

16. Informant Edwin J Crim
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 22 40 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director Mont

Address

19. Apr. 22 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/21/40 19 , to 4/22/40 19 , and that I last saw her alive on 4/22/40 19

Immediate cause of death Prematurity

Due to Miscarriage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 10 hrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young Md
M. D. or other

Address Hagerstown Date signed 4/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04555

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Premature County

City or town — Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Unnamed Cullen

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Premature

6 (b) Name of husband or wife None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	Premature ____ hrs. ____ min.

9. Birthplace Washington Co. Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business ✓

FATHER

12. Name Martin J. H. Cullen

13. Birthplace Pa.

MOTHER

14. Maiden name Louise D. Haselbarth

15. Birthplace Pa.

16. Informant Louise D. Cullen

Address Greencastle Pa.

17. ____ (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory Corpus Christi Cemetery

Location Chambersburg, Penn, (hincoln way west)

18. Funeral director Sexton of cemetery and father

Address of child

19. 4/20/1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 22 1940, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ✓ 19__, to 19__,

and that I last saw h__ alive on 19__.

Immediate cause of death Premature separation of placenta 4½ months gestation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Daniel A Watkins M. D. or other

Address Hagerstown Md Date signed Apr. 23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04556

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) Still born at hospital
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 404 W Franklin St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Infant Delander

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife none
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13 - 1940

8. AGE: Years 0 | Months | Days | If less than one day hrs. min.

9. Birthplace Hagerstown Washington Co. Md
(Town, county, and state)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Richard H. Delander.
13. Birthplace Md.

MOTHER
14. Maiden name Katherine Jacobs.
15. Birthplace W. Va.

16. Informant Mrs Richard Delander
Address 404 W Franklin St Hagerstown Md

17. Cremation April 13, 1940
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Hospital Disposal
Location Washington County Hospital

18. Funeral director none
Address

19. April 17 1940 Chas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1940, at 3:40 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 13, 1940 to April 13, 1940 and that I last saw him alive on April 13, 1940

Immediate cause of death	DURATION
Stillbirth	
Due to	
Due to	
Other conditions Premature separation of placenta	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R B Norment M.D.
Address Hagerstown Md M. D. or other
Date signed 4/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04557

(73d)

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Main St.
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Sharpsburg. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charles Christian Dorsey.

3. (b) Social Security Number none

4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Anna. M.

6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Aug - 13 - 1857

8. AGE: Years 82 | Months 8 | Days 3. | If less than one day ____ hrs. ____ min.

9. Birthplace Berryville Clarke Co Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER
12. Name Edward Dorsey.
13. Birthplace Berryville Va

MOTHER
14. Maiden name Martha Ann Stine
15. Birthplace Rohrersville, Md

16. Informant Arthur Dorsey.
Address Sharpsburg, Md.

17. Burial. Date thereof Apr. 19-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. View Cemetery
Location Sharpsburg, Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. 4-18 1940 Clef. Boyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at 11. S.S.P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 1940, to Apr. 16 1940, and that I last saw him alive on Apr. 16, 1940 19

	DURATION
Immediate cause of death Cerebral Thrombosis with Left sided paralysis	4 days.
Due to Generalized Arteriosclerosis	10 yrs (?)
Due to	
Other conditions Chronic Myocarditis	3 yrs (?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Walter K. Shealy M.D.
M. D. or other
Address Sharpsburg, Md. Date signed 4/17/40.

W. Shealy.

RECEIVED
MAY 7 1940
HUMAN V. S.

04558

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-E

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 8 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fahrney Memorial Home

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Gertrude Duvall

3. (b) Social Security Number ✓

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24th 1860

8. AGE: Years 79 Months 8 Days 14 If less than one day hrs. min.

9. Birthplace Frederick Co.

(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER

12. Name Charles Duvall

13. Birthplace Carroll Co.

MOTHER

14. Maiden name Sarah Johnson

15. Birthplace Frederick Co.

16. Informant Herbert Duvall.

Address Walkersville, Md.

17. Burial. Date thereof April 11, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Beaver Dam

Location Near Johnsville.

18. Funeral director G. C. Barton.

Address Walkersville, Md.

19. Apr. 9. 1940 Chas H Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1940, to April 8 1940, and that I last saw her alive on April 8 1940.

Immediate cause of death Intestinal Obstruction.

Due to Carcinoma of ileo-cecal valve

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. LeVay M.D.

M. D. or other

Address Boonsboro, Md. Date signed 4/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
MAY 6 1940
BUREAU V. S.

04559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195d

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 610 N. Prospect St.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 610 N. Prospect St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William S. Easterday

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

8 (b) Name of husband or wife Cecelia G.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 23 - 1866

8. AGE: Years 73 | Months 8 | Days 1. | If less than one day ____ hrs. ____ min.

9. Birthplace Petersville Fred Co Md. (Town, county, and state)

10. Usual occupation Hardware Clerk

11. Industry or business Retired

FATHER

12. Name Josephus Easterday.

13. Birthplace Brunswick Md.

MOTHER

14. Maiden name Susan K. Slifer.

15. Birthplace Middletown Md.

18. Informant Niles S. Easterday

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 28 1940 (month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Utica Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. 4/27/40 (Date rec'd by registrar) 19 Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 7.15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940 to April 24 1940, and that I last saw him alive on April 24, 1940

Immediate cause of death: Coronary occlusion — DURATION: 20 minutes

Due to Arteriosclerosis — 15 minutes

Due to Pulmonary edema

Other conditions: Choked on piece of meat at supper table

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE B Norment MD M. D. or other

Address Hagerstown, Md Date signed 4/26/40

Dr Norment.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

04560

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1206 Hamilton Blvd.
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1206 Hamilton Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie M. Fox

3. (b) Social Security Number No Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife John D. Fox
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 9 1867

8. AGE:

Years	Months	Days	If less than one day
72	10	4	____ hrs. ____ min.

9. Birthplace Washington Md (Town, county, and state)
10. Usual occupation House Keeper
11. Industry or business
FATHER 12. Name Joseph Ringer
13. Birthplace Washington Co. Md
MOTHER 14. Maiden name Elizabeth Rummel
15. Birthplace Not Known
16. Informant Orville D. Fox
Address 1206 Hamilton Blvd. Hagerstown Md.
17. (Burial, cremation, or removal? Which?) Date thereof 4/26/40 (month) (day) (year)
Cemetery or crematory Prices Church
Location Near Waynesboro Pa
18. Funeral director Martin Funeral Home
Address Wm H. Fisher Irvington Pa.
19. Apr 24 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1940 at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 9 1937 to April 23, 1940 and that I last saw h. alive on April 23, 1940

Immediate cause of death	DURATION
Diabetes Mellitus	3yrs +
Arteriosclerosis	3yrs +
Due to Angina Pectoris	6hrs 23, 40
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Horace Dyer M. D. or other
Address Hagerstown, Md Date signed April 23, 1940

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04561

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
129 E Washington
Stay in hospital or inst. (yrs., or mos., or days) ~~47 years~~.
Stay in this community (yrs., or mos., or days) 47 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 129 E Washington
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary E Funk

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife Charles T. Funk
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 25 1869

8. AGE:

Years	Months	Days	If less than one day
71	2	15	____ hrs. ____ min.

9. Birthplace Beaver Creek Wash. Md
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name John W. Wagaman
13. Birthplace Sabillesville Md
MOTHER 14. Maiden name Cordelia H. Gantz
15. Birthplace Beaver creek Wash. Md
18. Informant Mr. John Wagaman
Address Hagerstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12-1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md
18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md
19. April 11, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940 at 12.45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22, 1940 to April 10, 1940 and that I last saw her alive on April 7, 1940

Immediate cause of death Chronic Pyelo Nephritis — DURATION: Indef.
Due to ____
Due to ____
Other conditions Cerebral Hemorrhage — DURATION: Some yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE C B Kreisler M. D. or other
Address Hagerstown Md Date signed 4/11/40

B.B. Kreisler

RECEIVED
MAY 6 1948
BUREAU V. S.

04562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-21

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days.

Stay in this community (yrs., or mos., or days) 10 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 34 W Franklin -

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Linda Lou Gelwicks

3. (b) Social Security Number None -

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 25 - 1939

8. AGE: Years — Months 10 Days 7 If less than one day hrs. min.

9. Birthplace: Hagerstown - Wash Co Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER

12. Name: Leon Gelwicks

13. Birthplace: Hagerstown, Md.

MOTHER

14. Maiden name: Madeline McKee

15. Birthplace: Waynesboro Pa.

16. Informant: Leon Gelwicks.

Address: Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 4-1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cem.

Location: Hagerstown. Md

18. Funeral director: Andrew K. Coffman

Address: Hagerstown Md.

19. Apr. 4, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1939, to apr 2 1940, and that I last saw her alive on apr 2 1940.

Immediate cause of death: Hydrocephalus and Congenital Heart

Due to: congenital anomaly

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Hydrocephalus Inter Ventricular defect of Heart anomaly of Left kidney & anomaly of genital organs

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H W Bowman M. D. or other

Address Hagerstown Date signed 4/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Bowman

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04563

CERTIFICATE OF DEATH

Reg. Dist. No. 316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Keedysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or inst. (yrs., or mos., or days) At Home
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rose May Gouff.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edward E. Gouff
6(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Febry 19 1863
8. AGE: Years 67 Months 2 Days 4 If less than one day ____ hrs. ____ min.
9. Birthplace: Keedysville Wash. Co. Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: Own Home
FATHER 12. Name: Samuel Rohrer
FATHER 13. Birthplace: Eakles Mills Wash. Co. Md.
MOTHER 14. Maiden name: Mary Etta Parks
MOTHER 15. Birthplace: Hagerstown Wash. Co. Md.
18. Informant: Edward E. Gouff
Address: Keedysville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26 1940 (month) (day) (year)
Cemetery or crematory: Fairview Cemetary
Location: Keedysville Md.
18. Funeral director: Wm. H. Bast & Son
Address: Boonsboro Md.
19. Apr. 26 1940 (Date rec'd by registrar) R. R. Keefer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1940, at 7.30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22nd 1940, to April 23rd 1940, and that I last saw her alive on April 22nd 1940
Immediate cause of death: Causes of Cancer — DURATION 5 Mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE J. Hubert Rader M.D.
M. D. or other
Address Boonsboro Md. Date signed 4/25/40.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4nd

04564

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 428 E Washington.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 428 E Washington St

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no

3. (a) FULL NAME Julia Marie Grimm.

3. (b) Social Security Number 214-09-4701

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Married.

6 (b) Name of husband or wife Clarence W.

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 30 1901.

8. AGE:

Years	Months	Days	If less than one day
38	9	23	hrs. min.

9. Birthplace Waynesboro Franklin Co Pa. (Town, county, and state)

10. Usual occupation Machine operator.

11. Industry or business J. C. Roulette Knitting Mill.

FATHER

12. Name Ernest E. Snodderly

13. Birthplace Waynesboro Pa

MOTHER

14. Maiden name Effie Weant.

15. Birthplace Waynesboro Pa

16. Informant Clarence W. Grimm.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 25-1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cem

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. Apr. 23, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 4/1/40 19 , to 4/23/40 19 , and that I last saw her alive on 4/22/40 19 .

Immediate cause of death Cancer Cervix + Sigmoid

Due to Primary carcinoma of the cervix of the uterus. C.W.G.R.

Due to Duration: two years.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1938

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 4/23/40

Dr Earl Young

RECEIVED
MAY 8 1948
BUREAU V. S.

04565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (945)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington.

City or town near Hagerstown -
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Virginia Ave Extd.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town near Hagerstown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Virginia Ave Extd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Edward Guessford.

3. (b) Social Security Number 215-01-9958

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married.

B (b) Name of husband or wife Lillie Jone.

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1873 -

8. AGE: Years 66 Months 8 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Blairs Valley Wash. Co Md.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Byron's Tannery.

FATHER
12. Name Otho Guessford.
13. Birthplace Welsh. Run Pa.

MOTHER
14. Maiden name Margaret Wolford
15. Birthplace Welsh. Run Pa.

16. Informant Mrs Edward Guessford
Address Hagerstown Md R.F.D.

17. Burial. Date thereof April 28-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Pauls County

Location St Pauls near Clearspring Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. 4/27/1940 19 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 7. A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 25 - 1940 to April 25 1940, and that I last saw him alive on April 25 - 1940.

Immediate cause of death Coronary Sclerosis

Due to Chr Myocarditis

Due to

Other conditions Auto-reclusion

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
1 year

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. M. Detty M. D. ~~or other~~

Address Hagerstown Md Date signed 4/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr D. Ho.

RECEIVED
MAY 6 1940
BUREAU V. S.

04566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9412

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or ~~town~~ Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 454 Jefferson

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 63 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or ~~town~~ Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 454 Jefferson

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Calvin B. Hartman

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Florence E.

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.): Aug 4 - 1876

8. AGE: Years 63 | Months 8 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown, Wash Co. Md. (Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business

FATHER

12. Name: Not Known

13. Birthplace: " "

MOTHER

14. Maiden name: Not Known

15. Birthplace: " "

16. Informant: Mrs Florence E. Hartman

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 28 - 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rest Haven

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. Apr. 27, 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25, 1940, at 1:50 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1, 1939, to April 25, 1940, and that I last saw him alive on April 25, 1940.

Immediate cause of death: Coronary occlusion

Due to: Arteriosclerosis -

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: 0

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Hagerstown, Md Date signed 4/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04567

Reg. Dist. No. 300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wash.

City or town: Dam #4 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carrie Susan Henson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Clyde Pride Henson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 11, 1901

8. AGE:

Years	Months	Days	If less than one day
38	7	29	hrs. min.

9. Birthplace: Sharpsburg Wash. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Calvin Stoner
13. Birthplace: Ringgold Md.

MOTHER
14. Maiden name: Margret Ketzel
15. Birthplace: Leitersburg Md.

16. Informant: Calvin Stoner
Address: Sharpsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 (month) 13 (day) 1940 (year)

Cemetery or crematory: Fair View

Location: Keedysville Md.

18. Funeral director: R. I. Earnshaw

Address: Keedysville, Md.

19. 4/16/1940 (Date rec'd by registrar) Elf Boyer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1940, at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 20 1939, to April 5 1940 and that I last saw her alive on April 5 1940.

Immediate cause of death: Carcinoma of Rectum — DURATION: Not Known

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: L. R. Heton M. D.
M. D. or other

Address: Keedysville Md. Date signed: Apr. 17 1940

RECEIVED
1948
U. S.

04568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 311

1. PLACE OF DEATH:

County Washington County

City or town Dam #4 Williamsport Md FRD
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Near Williamsport, Md Dam #4

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Dam #4 Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dam #4 Williamsport, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Harry Thurman Henson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Stillborn

6 (b) Name of husband or wife: Stillborn

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 5 1940

8. AGE: Years: Stillborn | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Williamsport, Md Dam #4
(Town, county, and state)

10. Usual occupation

11. Industry or business Harry Thurman on b. C.

FATHER
12. Name Charles William Henson
13. Birthplace Dam #4 near Williamsport Md

MOTHER
14. Maiden name Blanch Laura Griffith
15. Birthplace Whiteningsneck W. Va

16. Informant Charles W Henson
Address Williamsport Md Dam #4

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 5 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Bakersville Cemetery

Location Bakersville Md.

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. Apr. 5 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5/40 19 ____, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/5/40 19 ____ to 4/5/40 19 ____ and that I last saw h 1M ~~alive~~ Dead on 4/5/40 (Born Dead)

Immediate cause of death: Asphyxia Neonatorum — DURATION: immediate

Due to: Cerebral Compression — immediate

Due to: None

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Ralph F. Young M. D. or other

Address Williamsport Md Date signed 4/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04583

1. PLACE OF DEATH

County Washington Registration Dist. No. 7-306

Village or City New Smithsburg Md No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Elizabeth Besore Hill If U. S. Veteran, specify WAR no

(a) Residence: No. none St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. COLOR OR RACE White

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Bertram Hill

6. DATE OF BIRTH (month, day, and year) 9-22-1868

7. AGE Years 71 Months 6 Days 13 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Smithsburg Md (State or country) Wash Co

FATHER

13. NAME Geo N. Besore

14. BIRTHPLACE (city or town) Waynesboro Pa (State or country) Franklin Co.

MOTHER

15. MAIDEN NAME Margaret Lyday

16. BIRTHPLACE (city or town) Smithsburg (State or country) Wash Co Md

17. INFORMANT J. H Besore (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Smithsburg Cemetery Date April 8, 1940

19. UNDERTAKER Geo. B. Hoover (Address) Smithsburg Md

20. FILED April 6, 1940 Geo. W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940, to April 5, 1940

I last saw her alive on April 5, 1940; death is said to have occurred on the date stated above, at 6 45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary dry artery	2 days
Myocarditis & Mitral Stenosis	4 yrs

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) G. G. Kohler M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	**Date of onset**	**The principal cause of death and related causes of importance were as follows:**	**Date of onset**
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 6 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53) 1

CERTIFICATE OF DEATH

04569

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

VS A15 (T)

Dr. Hirshman

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 430 George St.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 430 George St

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR N.D

3. (a) FULL NAME Mrs Mary A. Hillyard.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white.	widow

6 (b) Name of husband or wife John Wm

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) April 30 1849

8. AGE:

Years	Months	Days	If less than one day
90	11	18	——— hrs. ——— min.

9. Birthplace Front Royal Warren Co Va.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business ———

FATHER 12. Name Elisha Romine

13. Birthplace Upperville Va.

MOTHER 14. Maiden name Susan J. Ashby.

15. Birthplace Upperville Va.

18. Informant Mrs Mamie Mentz

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 21 1940 (month) (day) (year)

Cemetery or crematory Mt Hebron Cem.

Location Winchester Va.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Apr. 20, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 9:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to April 17 1940, and that I last saw her alive on April 19th 1940

Immediate cause of death	DURATION
Senility	
Arteriosclerosis	
Carcinoma - face	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ——— Date of ———

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ——— Injured at work?

23. SIGNATURE Philip J Hirshman M. D. or other

Address Hagerstown Md Date signed 4/19/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04570

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:
County: Washington
City or town: Maugansville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mennonite Home
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Maugansville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Horst

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 7, 1867

8. AGE: Years 73 | Months 1 | Days 8 | If less than one day: hrs. min.

9. Birthplace: Shippensburg- Franklin, Pa. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Peter Horst
13. Birthplace: Lancaster, Pa.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Jacob Horst
Address: Shippensburg, Pa. R F D 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18, 1940 (month) (day) (year)
Cemetery or crematory: Rowe Cemetery
Location: Near Shippensburg, Pa.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Apr 16, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15, 1940 - 9:00 at P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-14-40 19 to 4-15-40 1940, and that I last saw him alive on 4-15-40 19

Immediate cause of death	DURATION
Due to Chr. Myocarditis	10 yr
Due to Cerebral sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W Duty M. D., or other
Address Hagerstown Md. Date signed 4/16/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

CERTIFICATE OF DEATH

04571

Reg. Dist. No. 301

1. PLACE OF DEATH:
County: Washington County
City or town: Near Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington County
City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: RFD #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: David B Hose

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth Hose
6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): 1856

8. AGE: Years	Months	Days	If less than one day
84	2	19	hrs. min.

9. Birthplace: Wilson Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: David A Hose
13. Birthplace: Wilson

MOTHER
14. Maiden name: Mary Grove Hose
15. Birthplace: Wilson Md

16. Informant: Clyde Hose
Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26 1940 (month) (day) (year)
Cemetery or crematory: St. Pauls Cemetery
Location: Near Clearspring Md.

18. Funeral director: Edith V Leaf
Address: Williamsport, Md.

19. April 25 - 1940 (Date rec'd by registrar) Mrs Ora Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1940 at A.M 2:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__ and that I last saw h__ alive on ____ 19__

Immediate cause of death: Coronary Thrombosis — DURATION: 2 Days

Due to: Hypertensive Cardio Vascular Disease — 10 years

Due to: Chronic Nephritis — 5 years

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Ralph L Young M. D. or other
Address: Williamsport Md Date signed 4/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04572

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 242 S. Potomac St.
Stay in hospital or inst. (yrs., or mos., or days) none.
Stay in this community (yrs., or mos., or days) 30yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 242 So. Potomac St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Robert E Jackson.

3.(b) Social Security Number 220-10-3061

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Mary.
(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feby 2 - 1875

8. AGE:

Years	Months	Days	If less than one day
65	2	1	— hrs. — min.

9. Birthplace Ellicott City, Howard Co. Md.
(Town, county, and state)
10. Usual occupation Silk Weaver
11. Industry or business Retired.
FATHER 12. Name Andrew Jackson
13. Birthplace Zanesville Ohio
MOTHER 14. Maiden name Emily Thompson
15. Birthplace Shepherdstown W. Va.
16. Informant Mrs. Robert E. Jackson
Address Hagerstown Md.
17. Burial. Date thereof April 5-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown Md
19. Apr. 4, 1940 Chas. A. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw him alive on ___ 19__.

Immediate cause of death	DURATION
Gunshot wound of skull	4-3-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: No
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of April 3 '40
Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury .22 rifle Injured at work? No

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM WASH. CO., MD.
M. D. or other
Address Hagerstown, Md. Date signed 4-4 40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

04573

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 130 So. Mulberry St.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 130 So. Mulberry St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Thomas Melchor Raylor.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Arbannah

6(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Jany 20 - 1858

8. AGE: Years	Months	Days	If less than one day
82	3	9.	hrs. min.

9. Birthplace Beaver Creek Wash. Co Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER 12. Name Cyrus B. Raylor.

13. Birthplace Beaver Creek Md

MOTHER 14. Maiden name Catherine Conrad.

15. Birthplace Beaver Creek Md.

18. Informant Omer T. Raylor.

Address Hagerstown. Md.

17. Burial. Date thereof May 1-1940

(Burial, cremation, removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. May 1st. 1940 Chas H Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29. 1940 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/28 — 1940 to 4/28 — 1940;

and that I last saw him alive on 4/29 1940.

	DURATION
Immediate cause of death Chronic C. Endo Carditis	(?)
Due to (?)	7-10 years
Due to — Pulmonary Oedema	6 hours
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE V. Victor Miller DR. VICTOR D. MILLER, 131 W. WASHINGTON. ST. HAGERSTOWN, MD. M. D. or other

Address Hagerstown Md Date signed 4/30, 1940

Dr. Victor Miller.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

04574

Reg. Dist. No. 207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bellevue County Home

Stay in hospital or inst. (yrs., or mos., or days): one week

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington County

City or town: Hagerstown Md Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Bellevue County Home
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William H. Z King

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Gertrude King

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 22 1859

8. AGE: Years	Months	Days	If less than one day
80	11	1	hrs. min.

9. Birthplace: Williamsport, Md
(Town, county, and state)

10. Usual occupation: School Teacher

11. Industry or business:

FATHER
12. Name: Frank L King
13. Birthplace: Pa.

MOTHER
14. Maiden name: Ellen J Ruth
15. Birthplace: Hagerstown, Md

16. Informant: Bellevue County Home Record
Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 27 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemtery

Location: Williamsport, Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. Apr 26 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27 19 40 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 40 to April 27 19 40 and that I last saw h alive on April 27 19 40

Immediate cause of death	DURATION
Coronary Thrombosis	1 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. H. Bradley M.D
M. D. or other

Address: Hagerstown, Md Date signed 4/29/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

04575

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 225 E Franklin

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 225 E Franklin

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William Gring Kretzer.

3. (b) Social Security Number 705-10-7253

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 3 - 1873.

8. AGE: Years 66 Months 5 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Keedysville, Wash. Co Md. (Town, county, and state)

10. Usual occupation Motor Car Repair Man.

11. Industry or business W. Md R.R. Retired.

FATHER

12. Name David Kretzer.

13. Birthplace Keedysville Md.

MOTHER

14. Maiden name Rebecca Gigous

15. Birthplace Keedysville Md.

16. Informant Emory E Kretzer

Address Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 29 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. 4/29 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 11.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1938, to 4.25 1940 and that I last saw him alive on 4-25 1940.

Immediate cause of death: Cancer Pylorus of Stomach

Due to: metastasis to liver

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Tumor of Pylorus sec. 20/38

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE S. Robert Wells, M.D. M. D. or other

Address Hagerstown, Md. Date signed 4/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Wells.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

04576

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Samples Manor

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Samples Manor Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 1, Hayes Ferry West Va.

(If rural, give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Jerome Thomas Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Nannie V. Lewis

(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 23, 1860

8. AGE: Years	Months	Days	If less than one day
79	8	11	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Joseph Lewis

13. Birthplace Va

MOTHER 14. Maiden name Margaret Wolf

15. Birthplace Md

16. Informant Mrs Nannie V Lewis

Address Route 1 Hayes Ferry West Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 7, 1940 (month) (day) (year)

Cemetery or crematory Mountain View

Location Shepherdstown Maryland

18. Funeral director C. A. Tate & Bro.

Address Brunswick, Maryland

19. 4-5 1940 (Date rec'd by registrar) Earl Boyer Registrar

MEDICAL CERTIFICATION.

20. DATE OF DEATH April 3 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 3 1940 to 1940, and that I last saw h alive on Post mortem - 1940

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to Arteriosclerosis	10 yrs ?
Due to Certificate signed at direction of Medical Examiner	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter A. Shipley M. D.

M. D. or other

Address Shepherdstown Md Date signed 4/5/40

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

04577

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3 ~~Brenner~~ Ebner Avenue
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington
City or town: Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3 ~~Brenner~~ Ebner Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Henry Lizer

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charlotte A. Lizer
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): March 11, 1875

8. AGE: Years 65 Months 1 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace: Washington County, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm work

FATHER
12. Name: John R. Lizer
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Sarah Jane Goucker
15. Birthplace: Washington County, Md.

16. Informant: Mrs. Charlotte A. Lizer
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 2 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. May 2, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30, 1940 9:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 15 1940, to Apr 30 1940, and that I last saw him alive on Apr. 28 1940.

Immediate cause of death: Cerebral Apoplexy

Due to: Hypertension & Arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: F H Leuther M. D. or other
Address: 134 N. Potomac Date signed: 4-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

04578

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Washington

City or town Security

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none.

Stay in hospital or insl. (yrs., or mos., or days) none.

Stay in this community (yrs., or mos., or days) 36 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State Maryland County Washington

City or town Security Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs Ada Love

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow-

6 (b) Name of husband or wife John

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) April 20- 1861

8. AGE:

Years	Months	Days	If less than one day
79	—	9.	——— hrs. ——— min.

9. Birthplace Huntsfield Yorkshire Co England. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business none.

FATHER 12. Name Alfred Lord

13. Birthplace England.

MOTHER 14. Maiden name No Record

15. Birthplace " "

16. Informant Henry S. Love.

Address Security Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1-1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cem

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. May 1, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940 at 5:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/15 1939 to 4/29 1940 and that I last saw her alive on 4/29 1940

Immediate cause of death	DURATION
Arterio sclerotic cardio vascular disease	10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F F Lusby MD M. D. or other

Address 170 W Washington Date signed 4/30/40

Dr Lusby

RECEIVED
MAY 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

04579

Reg. Dist. No. 3-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 33 W Salsbury St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 62

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 33 W Salsbury St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Daisy Malone

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Adolphas Henry Malone

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Dec 19 1877

8. AGE: Years	Months	Days	If less than one day
62	4	4	hrs. min.

9. Birthplace: Williamsport, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: William L Lancaster
13. Birthplace: St James Md.

MOTHER — 14. Maiden name: Elizabeth E Taylor
15. Birthplace: Shepherdstown, W. Va

16. Informant: Adolphas Henry Malone (son)
Address: 33 W Salsbury St Williamsport,

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 27 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery
Location: Williamsport, Md

18. Funeral director: Edith V Leaf
Address: Williamsport, Md

19. April 25 1940 (Date rec'd by registrar) Mrs C Lee M. Elroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 23, 1940 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 20 1940 to Apr. 23, 1940 and that I last saw h-- alive on Apr. 23, 1940

	DURATION
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Arterial sclerosis	
Due to:	
Other conditions: Paralysis	2 yr 10 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury: Injured at work?

23. SIGNATURE: Thos. Boose, M. D. or other
Address: Wmsport, Md Date signed 4-24-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04580

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 901 Corbett
Stay in hospital or insl. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No.: 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 901 Corbett
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Ida J. Martin

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife: Daniel Z. Martin
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug 31 - 1877

8. AGE:

Years	Months	Days	If less than one day
62	8	21	hrs. min.

9. Birthplace: Downsville, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER — 12. Name: Josiah Reid
13. Birthplace: Downsville, md.
MOTHER — 14. Maiden name: Mary E. Gower
15. Birthplace: Downsville, md.
16. Informant: Clyde Martin
Address: Hagerstown, md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 24 - 1940 (month), (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.
18. Funeral director: C M. Suter & Sons
Address: Hagerstown, Md.
19. Apr. 24, 1940 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 22 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to Apr 22 1940, and that I last saw h. alive on Apr 22, 1 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Arteria Sclerosis	
Due to Chronic Myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A P Staffer M. D. or other
Address: Hagerstown Md Date signed: Apr 23

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04581

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 927 Mulberry Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 927 Mulberry Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nina Elizabeth Martin

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lewis C. Martin
6(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): April 6, 1886
8. AGE: Years 54 | Months 0 | Days 16 | If less than one day: hrs. min.
9. Birthplace: Rohrersville-Washington, Md. (Town, county, and state)
10. Usual occupation: Home Duties
11. Industry or business
FATHER 12. Name: Joseph F. Rohrer
13. Birthplace: Rohrersville, Md.
MOTHER 14. Maiden name: Anna Mary Stine
15. Birthplace: Rohrersville, Md.
16. Informant: Lewis C. Martin
Address: Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 24, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.
18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.
19. Apr. 24, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1940 - 12:04 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/13 1937, to 4/22 1940, and that I last saw h-er alive on 4/22 1940

Immediate cause of death	DURATION
Carcinoma left breast	1/13/37
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations One 1/15/37 Carcinoma left breast
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. F. Luckey M. D. or other
Address Hagerstown Date signed 4/23/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 days

Stay in this community (yrs., or mos., or days) 29 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown Ward No. 1 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 Winter St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Joseph G. Miller

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

8 (b) Name of husband or wife Annie L. Miller

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 27 1866

8. AGE: Years 74 Months 2 Days 11 If less than one day ____ hrs. ____ min.

9. Birthplace Elkton Va (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name George W. Miller

13. Birthplace Elkton Va

MOTHER 14. Maiden name Henretta Miller

15. Birthplace Elkton Va

16. Informant Mr. Avis L. Miller

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10, 1940 (month) (day) (year)

Cemetery or crematory Rest Haven

Location Hagerstown Md

18. Funeral director Scott F. Minnich Son

Address Hagerstown Md.

19. Apr. 9 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 2:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 1940, to Apr 8 1940, and that I last saw him alive on Apr 7 1940.

Immediate cause of death: Cardio-renal Disease — DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 4/9/40

Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

04584

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 wks.
Stay in this community (yrs., or mos., or days): 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 479 No. Potomac St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Joseph Milton Miller

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lela Smith
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): January 5 1854
8. AGE: Years: 86 Months: 3 Days: 3 If less than one day: ____ hrs. ____ min.
9. Birthplace: Frederick, Frederick Co. Md. (Town, county, and state)
10. Usual occupation: Feed Salesman
11. Industry or business: Retired
FATHER 12. Name: Harrison B. Miller
FATHER 13. Birthplace: Frederick Md.
MOTHER 14. Maiden name: Sarah Shaffer
MOTHER 15. Birthplace: Frederick Md
16. Informant: Mrs Jos. M. Miller
Address: Hagerstown, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12 1940 (month) (day) (year)
Cemetery or crematory: Mt Olivet Cemetery
Location: Frederick Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown Md.
19. Apr 10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to April 8 1940, and that I last saw him alive on April 7th 1940.

Immediate cause of death: Pr Stratum — DURATION: 2 hrs.
Due to: Uremic Hydronephrosis — 4 days
Due to: Bronchopneumonia - Terminal — 4 days
Due to: Pulmonary infarct - Rt. Lung — 4 days
Due to: Operation, March 23rd, 1940. for urinary retention
Other conditions: caused by benign hypertrophied prostate

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Prostatectomy
Of autopsy: as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Louis J. Heleman M. D. or other
Address: Hagerstown Md Date signed 4/10/40

RECEIVED
MAY 8 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04585

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 2 1/2 days

Stay in this community (yrs., or mos., or days): 1 1/2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Washington

City or town: Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 255 Frederick St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harriet Robinowitz

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Baruch E. Robinowitz

6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 25 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Baltimore — Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Dave Kirsner

13. Birthplace: Russia

MOTHER

14. Maiden name: Esther Zwitz

15. Birthplace: Russia

16. Informant: Rabbi Baruch Robinowitz

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4-25-40 (month) (day) (year)

Cemetery or crematory: Hebrew - Wash. Blvd.

Location: Wash. Blvd. - Balto. Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Apr. 23 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1940, at 6:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1940 to April 23 1940 and that I last saw her alive on April 23 1940

Immediate cause of death: Comp. Comm. Fracture of Fibula & Tibia (Rt.)

Comp. Fracture Radius & Ulna (Rt.)

Fract. Radius & Ulna (Left)

Due to: Fract. Humerus (Left)

Fract. Ribs - (Right)

Due to: Traumatic Shock

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: —

DURATION: 2 1/2 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: April 21st 1940

Where did injury occur? Hagerstown (City or town) Wash. (County) Md (State)

Injured at home, farm, industry, public place (where?): On Street.

Means of injury: Hit by Automobile Injured at work? no

23. SIGNATURE: S. Robert Wells Deputy Med. Exam. Wash. Co. Md. M. D. or

Address: Hagerstown Md. Date signed: 4-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
DEPT. OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

04586

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days.

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Caretown Pike

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME Clayton L. Rohrer

3. (b) Social Security Number none.

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Fannie

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) October 8 - 1874

8. AGE: Years 65 Months 5 Days 26 If less than one day hrs. min.

9. Birthplace Beaver Creek Wash. Co Md. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business own Farm.

FATHER 12. Name John S. Rohrer

13. Birthplace Beaver Creek Md.

MOTHER 14. Maiden name Florence Landis.

15. Birthplace Beaver Creek Md.

16. Informant Mrs Clayton L. Rohrer.

Address Chewsville Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 6-1940 (month) (day) (year)

Cemetery or crematory Smithsburg County

Location Smithsburg Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Apr. 6. 1940 (Date rec'd by registrar) Chas H. Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 1 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 14 1940, to April 4 1940, and that I last saw'n in alive on April 4 1940.

Immediate cause of death my ocardites (Chronic) & Hypostatic Pneumonia

Due to Arterio Sclerosis & Right side Heart

Due to Failure

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

5 yrs

4 days

10 yrs

4 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE G. E. Kohler M. D. or other

Address Smithsburg Date signed 4/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Kohler.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

04587

CERTIFICATE OF DEATH

Reg. Dist. No. 202

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Home

Stay in hospital or inst. (yrs., or mos., or days): 10 years.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Washington County Home
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Frank Sayles

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Laura Sayles

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): January 1, 1868

8. AGE:

Years	Months	Days	If less than one day
72	3	15	hrs. min.

9. Birthplace: Hagerstown- Washington- Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: George F. Rupp
13. Birthplace: Unknown

MOTHER
14. Maiden name: Ella Sayles
15. Birthplace: Unknown- Maryland

16. Informant: Mrs. Laura Sayles
Address: 210 N. Potomac St.- Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Apr. 18, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16, 1940- 3:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1940 April 16 1940 and that I last saw h[illegible] alive on April 16 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 Day
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. H. Bradley M. D. or other

Address: Hagerstown, Md. Date signed 4/16/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (105)

CERTIFICATE OF DEATH

04588

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co. Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 11 hrs.
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 517 W. Howard St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Ray Wilbur Schultz Sr.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Male	White	Single.

6 (b) Name of husband or wife none

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) April 10 - 1937

8. AGE:

Years	Months	Days	If less than one day
3	—	3	____ hrs. ____ min.

9. Birthplace Hagerstown, Wash. Co Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business none.

FATHER
12. Name Ray Wilbur Schultz Sr.
13. Birthplace Chambersburg Pa.

MOTHER
14. Maiden name Harriett Swartz
15. Birthplace Newville Pa.

16. Informant Ray Wilbur Schultz
Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Apr 15 - 1940 (month) (day) (year)

Cemetery or crematory Prospect Hill

Location Newville Pa.

18. Funeral director Andrew K. Cost-man

Address Hagerstown Md.

19. Apr. 13, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 4. A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/12. 1940, to 4/13 1940, and that I last saw h in alive on 4/13 1940.

	DURATION
Immediate cause of death Edema of lung	6 hours
Due to Hemorrhagic Acute. (Cause undetermined)	18 hrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Edema of lung.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Edwin Blair. M. D. or other
Address 214 N. Potomac St. Hagerstown Md. Date signed 4/13/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04589

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 20 S. Mulberry St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 38 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 20 South Mulberry St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nannie E. Seaman.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: James Seaman
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 30, 1860

8. AGE: Years	Months	Days	If less than one day
79	5	5	hrs. min.

9. Birthplace: Sharpsburg, Md.
(Town, county, and state)
10. Usual occupation: Retired home work
11. Industry or business

FATHER
12. Name: Jacob A. Lakin
13. Birthplace: Sharpsburg, Md.

MOTHER
14. Maiden name: Amanda Porter
15. Birthplace: Sharpsburg, Md.

16. Informant: John Seaman
Address: Hagerstown, Md .

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8. 1940 (month) (year)
Cemetery or crematory: Mt View Cemetery
Location: Sharpsburg, Md.
18. Funeral director: Fred W, Kraiss.
Address: Hagerstown Md.

19. Apr. 8. 19 40 (Date rec'd by registrar) W. Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 19 40, at 4,10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-15- 1940, to 4-5- 1940, and that I last saw alive on 4-5-40 19

Immediate cause of death	DURATION
Carcinoma Liver	6 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: D. W. Orth M. D. or other
Address: Hagerstown Md. Date signed 4/7/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131-E

04590

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 434 S Potomac
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 434 S Potomac
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Howard Seigman

3. (b) Social Security Number 705-10-8201

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 25 1869
8. AGE: Years 70 Months 5 Days 25 If less than one day hrs. min.
9. Birthplace Hagerstown Md. (Town, county, and state)
10. Usual occupation Retired RR Conductor
11. Industry or business W M RR
FATHER
12. Name Thompson Seigman
13. Birthplace Near Hagerstown Md.
MOTHER
14. Maiden name Annie Benner
15. Birthplace Near Hagerstown Md.
16. Informant Mrs. Fred Beater
Address Hagerstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 22-1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md
18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md
19. 4/21/ 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 5 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14 1940, to apr. 19 1940 and that I last saw him alive on apr. 19 1940.

Immediate cause of death	DURATION
Chr. myocarditis	1938
Hypertension	1935
Due to Chr. glomerulae Nephritis	1937
Due to acute dilatation ventricles	4·20·40
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Robert Wells, M.D. M. D. or other
Address Hagerstown, Md Date signed 4/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

04591

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 14 Berner ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 14 Berner ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ronald W. (Barnhart) Sharon
3. (b) Social Security Number none

4. Sex male
5. Color or race white
6. (a) Single, ~~married, widowed, or divorced~~ —
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) apr 25 1940
8. AGE: Years — Months — Days 1 If less than one day ___ hrs. ___ min.
9. Birthplace Hagerstown Wash. Co. Md. (Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Albert Barnhart
13. Birthplace Hagerstown Md.
MOTHER 14. Maiden name Elva Sharon
15. Birthplace Jerome, W. Va.
16. Informant Mrs. Elva Barnhart
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof apr 27. 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Rose Hill
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.
19. Apr 27, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 9 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1940 to April 26 1940 and that I last saw h[illegible] alive on April 26 1940.
Immediate cause of death Premature Birth
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Bradley M. D. or other
Address Hagerstown, Md. Date signed 4/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

04592

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(937)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1135 Oak Hill Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1135 Oak Hill Avenue
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Dr. Frank D. Shupp

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (o) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Siddie Shupp.

B(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): May 28, 1873.

8. AGE: Years 66 Months 10 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: Charlton- Washington-Maryland
(Town, county, and state)

10. Usual occupation: Dentist

11. Industry or business:

FATHER
12. Name: Abraham Shupp
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Anna Smith
15. Birthplace: Washington County, Md.

16. Informant: Dr. Franh Shupp Jr.

Address: Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 10, 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss,

Address: Hagerstown, Md.

19. Apr. 9. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6, 1940- 6:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4, 1940, to April 6, 1940 and that I last saw him alive on April 6, 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 2 days

Due to: Arteriosclerosis

Due to:

Other conditions: Hypertension, chronic myocarditis, urinary tract infection
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. S. Stauffer, M.D. M. D. or other

Address: Hagerstown Date signed: Apr. 7, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

04593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

~~City~~ near or town Sharpsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va County Berkeley

City or town Martinsburg Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Donald W. Sigler

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not Known

8. AGE:

Years	Months	Days	If less than one day
21	—	—	hrs. min.

9. Birthplace Martinsburg Berkeley Co W. Va

(Town, county, and state)

10. Usual occupation C. C. Camp

11. Industry or business

FATHER

12. Name Jacob Sigler

13. Birthplace Martinsburg, W. Va.

MOTHER

14. Maiden name Lillian Rockwell

15. Birthplace Martinsburg, W. Va

16. Informant S. L. Van Horn

Address Martinsburg, W. Va

17. Burial Date thereof 3-9-1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Green Hill

Location Martinsburg, W. Va.

18. Funeral director Kogelschatz & Coffman

Address Martinsburg, W. Va

19. Apr. 8, 1940 Chas. H. Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1940, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Open fracture of skull Fractured ribs and left femur

DURATION 4-6-40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of April 6 '40

Where did injury occur? Washington Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Highway

Means of injury auto overturned Injured at work? no

23. SIGNATURE S. Robert Wells

DEPUTY MEDICAL EXA WASH. CO., MD.

M. D. or Other

Address 115 N. Potomac St. Hagerstown, Md.

Date signed 4-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 17 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-8

CERTIFICATE OF DEATH

04594

Reg. Dist. No. 302

I. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 802 N. Washington St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Wolfsville - Smithsburg RFD Ward No.: —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Harriet Bertha Smith

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Avery Smith

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 12 - 1871

8. AGE:

Years	Months	Days	If less than one day
69	0	23	hrs. min.

9. Birthplace: Washington County, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Jacob Downing

FATHER — 13. Birthplace: Washington County Maryland

MOTHER — 14. Maiden name: Harriet Widle

MOTHER — 15. Birthplace: Washington County, Md

16. Informant: Madelynne Smith

Address: Wolfsville, Md. Smithsburg RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 7-1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Wolfsville, Md.

18. Funeral director: Gladhill Co.

Address: Middletown, Md

19. April 6 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1940, at 1 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939, to April 5 1940 and that I last saw her alive on April 4 1940

Immediate cause of death	DURATION
Carcinoma of stomach	1½ yrs
Due to	
Due to	
Other conditions: No	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of stomach

Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lloyd A. Hoffman M.D. (M. D. or other)

Address: 214 N. Potomac St. Date signed 4-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

214.

RECEIVED
MAY 6 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

04595

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 11 hrs.

Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Georgia Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs. Martha T. Smith

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow -

6 (b) Name of husband or wife Clarence

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Oct 3 - 1881

8. AGE: Years 58 Months 6 Days 19. If less than one day ___ hrs. ___ min.

9. Birthplace Edinsburg, Shenandoah Co Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own. Home.

FATHER

12. Name John H. Ott.

13. Birthplace Edinsburg Va.

MOTHER

14. Maiden name Purditta Crowthers

15. Birthplace Edinsburg Va.

16. Informant Edgar F Smith

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. Apr. 25, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to Apr 22 1940, and that I last saw her alive on April 22 1940.

Immediate cause of death: Uremia — Myocardial insufficiency

Due to Chronic Nephritis

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Chronic Nephritis

DURATION: 4 days; 2 weeks; 8 yrs; 8 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE P. F. Prather M. D. ~~or other~~

Address Hagerstown, Md Date signed April 22, 40

Dr. Prather

RECEIVED
MAY 6 1940
BUREAU V. S.

04596

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Rural Near Chewsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Near Chewsville No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hagerstown R 1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary S. Snyder

3. (b) Social Security Number None.

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

8 (b) Name of husband or wife Harvey D. Snyder

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 6 1874

8. AGE: Years 65 Months 10 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace Near Chewsville Wash. Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business "

FATHER
12. Name Christian Lowe
13. Birthplace Germany

MOTHER
14. Maiden name Mary Stalh
15. Birthplace Germany

16. Informant E. Frank. Snyder

Address Hagerstown R 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 17 1940 (month) (day) (year)

Cemetery or crematory W. B. Cemetery

Location Chewsville Md

18. Funeral director Scott F Minnich & Son

Address Hagerstown Md.

19. Apr. 16. 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 530A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1940, to April 15 1940, and that I last saw h or alive on April 15 1940.

Immediate cause of death Cerebral Thrombosis — DURATION 11 days

Due to Arterio Sclerosis — 4 yrs

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G. G. Koehler M. D. or other

Address Smithsburg Date signed 4/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04597

Reg. Dist. No. 311

1. PLACE OF DEATH:

County: Wash

City or town: Near Spielmans Station
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Fairplay Md. R.R. 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.R. #1 Near Spielmans Sta.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No. (N.W. R.R.

3. (a) FULL NAME: Edgar I. South

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1877 - July 28

8. AGE: Years 62 Months 8 Days [illegible] If less than one day ____ hrs. ____ min.

9. Birthplace: Wash Co. Md.
(Town, county, and state)

10. Usual occupation: at Home

11. Industry or business

FATHER
12. Name: Geary I. South
13. Birthplace: Wash-Co Md

MOTHER
14. Maiden name: Mary E. Hammond
15. Birthplace: Wash-Co-Md

16. Informant: Geo W S Boyer
Address: Fairplay, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 4/22/1940 (month) (day) (year)

Cemetery or crematory: Cemty

Location: Sharpsburg. Md

18. Funeral director: N. C. Reichard.
Address: Waynesboro Pa.

19. Apr. 22 1940 (Date rec'd by registrar) J. B. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940 to April 21 1940 and that I last saw him alive on April 20 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 day

Due to: Arteriosclerosis — (2)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: J. M. Bunnemeyer M. D. or other

Address: Williamsport Md. Date signed: 4/22/40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04598

Reg. Dist. No. 3e 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V8-A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days): 8 hours
Stay in this community (yrs., or mos., or days): 77 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 39 Elizabeth, St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Clara F. Spigler

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

8 (b) Name of husband or wife: Widow of William M. Spigler
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 27 1863.

8. AGE: Years	Months	Days	If less than one day
77	2	11	hrs. min.

9. Birthplace: Hagerstown,
(Town, county, and state)
10. Usual occupation: Retired home work.
11. Industry or business:

FATHER
12. Name: Clagett Randall.
13. Birthplace: Hagerstown.

MOTHER
14. Maiden name: Anna Kershner.
15. Birthplace: Hagerstown.

16. Informant: Mrs Merle Weller.
Address: Hagerstown.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown

18. Funeral director: Fred W. Kraiss.
Address: Hagerstown.

19. Apr. 9. 1940 (Date rec'd by registrar) Chas A Bowers Registrar

MEDICAL CERTIFICATION 4;45

20. DATE OF DEATH April 8, 1940 1940, at A. M

I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19, and that I last saw her alive on 19.

Immediate cause of death	DURATION
Fractured skull	4/7/40
Due to Open Fracture Rt. tibia & Fibulae	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 4/7/40
Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Washington Sq.
Means of injury: Struck by Auto Injured at work? No

23. SIGNATURE: D. Robertson DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or Coroner
Address: Hagerstown Md. Date signed 4-8-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04599

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town) — Md

Street address, hospital, or institution: Washington Co Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9

Stay in this community (yrs., or mos., or days): 33

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wash.

City or town: (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No.: Near Smithsburg Rural. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Katie May Stevenson

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. If single, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: Wm F. Stevenson

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): 8-17-1872

8. AGE: Years: 67 Months: 8 Days: 2 If less than one day: hrs. min.

9. Birthplace: Boonsboro. Md (Town, county, and state)

10. Usual occupation: Home Life

11. Industry or business:

FATHER — 12. Name: Daniel Beachly

13. Birthplace: Myersville Md

MOTHER — 14. Maiden name: Sarah Lowbaugh

15. Birthplace: Myersville Md

16. Informant: Pauline Stevenson

Address: Smithsburg Md R.F.D.

17. (Burial, cremation, or removal) Date thereof: 4-21-1940 (month) (day) (year)

Cemetery or crematory: Smithsburg

Location: Smithsburg Md

18. Funeral director: Geo B Hoover

Address: Smithsburg Md

19. Apr. 21, 1940 (Date rec'd by registrar) J Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 19, 1940 and that I last saw h[illegible] alive on April 19 1940

Immediate cause of death	DURATION
Cerebral hemorrhage - L	
Due to	
Due to Hypertensive cardio-vascular disease - Chronic Myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: /

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Walter L. Wolfinger M.D. or other

Address: Smithsburg Date signed: 4-20-40

RECEIVED
MAY 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04600

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Found in Sewer at Disposal Plant
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Unknown Infant

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Unknown Found Apr. 8, 1940

8. AGE: Years — Months — Days — If less than one day ..... hrs. ..... min.

9. Birthplace: Hagerstown, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden name
15. Birthplace Unknown

16. Informant: Harry E. Rhoderick
Address: Hagerstown, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Apr. 8, 1940 (month) (day) (year)
Cemetery or crematory: Disposal Plant Cemetery
Location: Hagerstown, Md.

18. Funeral director: Harry E. Rhoderick
Address: Hagerstown, Md

19. Apr. 27, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Unknown Found 4/8/1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Premature Birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Chas. H. Bowers, Loc. Reg. M.D. or other
Address: Hagerstown, Md. Date signed: Apr. 27, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAY 6
BUREAU V. S.

04601

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 35 years

Stay in this community (yrs., or mos., or days) 629 George Street

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 629 George Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Valeria A. Welcher

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Follansbee Welcher

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov 28, 1872.

8. AGE: Years 67 | Months 4 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace Frederick County, Md. (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name George Washington Horine.
13. Birthplace Fredwrick County, Md

MOTHER
14. Maiden name Adaline Harbaugh
15. Birthplace Frederick County, Md.

16. Informant Follansbee Welcher

Address 629 George St.- Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 22, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Apr. 22 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940 9:15 A at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to Apr 18 1940, and that I last saw her alive on Apr 17 1940.

Immediate cause of death Acute Dilatation of Heart — DURATION 12 hrs.

Due to Chr. Mitral Disease (History) — ?

Due to —

Other conditions Not Known — Seen one time in dying condition — (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry R Kritzer M.D. M. D. or other

Address 121 W. Washington St Hagerstown Date signed 4-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-6 X

04602

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or ~~institution~~: Washington Co. Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 2 weeks.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 725 Claire
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harvey W. Wetzel

3. (b) Social Security Number: 220-09-9308

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of ~~husband~~ or wife: Audrey

8(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): June 27 - 1874

8. AGE: Years: 65 Months: 9 Days: 27 If less than one day: ___ hrs. ___ min.

9. Birthplace: Waynesboro Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Not Known
13. Birthplace: " "

MOTHER
14. Maiden name: Not Known
15. Birthplace: " "

16. Informant: Mrs. H-W. Wetzel
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 27-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Green Hill

Location: Waynesboro, Pa.

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. Apr. 26 (Date rec'd by registrar) 1940 Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to April 24 1940, and that I last saw him alive on April 24th 1940.

Immediate cause of death: Carcinoma - Neck — DURATION: 8 mo.

Due to:

Due to:

Other conditions: Bronchopneumonia - terminal — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Same
Of autopsy: Same

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other
Address: Hagerstown Md. Date signed: 4/25/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

04603

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington Co.

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital (King St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash

City or town Hancock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilfong

3. (b) Social Security Number

4. Sex m.

5. Color or race w

6. (a) Single. ~~Married, Widowed, or divorced~~

8 (b) Name of husband or wife

8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1940 5 25 pm.

8. AGE: Years Months Days If less than one day hrs. 0 min.

9. Birthplace Hagerstown, Md. (Hospital)

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Gordon Harrison Wilfong

13. Birthplace Tucker. Co. Md.

MOTHER 14. Maiden name Pearl Marie Wilfong

15. Birthplace Berkley Springs.

16. Informant Mrs. Pearl Wilfong

Address Hancock, Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. May 3, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29 1940, at 5 25 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 27 1940, to Apr. 29 1940, and that I last saw him ~~alive~~ on Apr. 29 1940

Immediate cause of death Premature separation of placenta

Due to Automobile accident

Due to Being struck by a car

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Milton Layman, M.D. M. D. or other

Address Hagerstown Md Date signed 5/1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04604

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 336½ N Jonathan
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infant, give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 336½ N Jonathan St
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Addie Wilson

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles Wilson
6(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): Dec 16 - 1886
8. AGE: Years: 54 Months: 4 Days: 21 If less than one day: hrs. min.
9. Birthplace: Summit Point W Va (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: Cook & House work
FATHER 12. Name: Phillip Williams
13. Birthplace: Va
MOTHER 14. Maiden name: Alice Monroe
15. Birthplace: W Va
16. Informant: Loney Scott
Address: 108 W North St.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 4-9-40 (month) (day) (year)
Cemetery or crematory: Rosehill Cemetery
Location: Hagerstown
18. Funeral director: J M Caldwell
Address: Hagerstown Md
19. Apr 8 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at XX M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 4 1940 to April 6 1940, and that I last saw h[illegible] alive on April 4 1940

Immediate cause of death	DURATION
Hypertensive Heart Disease	?
Chronic Myocarditis	?
Due to	
Due to	
Other conditions: Hypertension	?

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J Gilbert M. D. or other
Address Hagerstown Md Date signed 4/6/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 115 East Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 115 East Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma J. Wissinger

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Walter Wissinger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 29, 1869

8. AGE: Years 70 Months 7 Days 25 If less than one day ____ hrs. ____ min.

9. Birthplace Fulton County, Pa.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name John H. Lowery
13. Birthplace Fulton County, Pa.

MOTHER
14. Maiden name Amanda J. Beatty
15. Birthplace Fulton County, Pa.

16. Informant Joseph Lowery,
Address 115 East Ave. - Hagerstown, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Apr. 25, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Apr. 25, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1940 12:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from april 18 1940, to 4/23 1940 and that I last saw her alive on 4/22 - 1940

Immediate cause of death Influenza — DURATION 7-10 days

Due to Asthma, Myocarditis, Duration 5-6 weeks

Due to Cause undetermined

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor D. Miller

DR. VICTOR D. MILLER M. D. or other

Address 131 W. WASHINGTON, ST. Date signed 4/24/1940

HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-6

04606

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural- Hagerstown, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

R F D 3

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph D. Wolfkill

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Naomi G. Wolfkill

6(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) October 19, 1904

8. AGE: Years	Months	Days	If less than one day
35	5	24	hrs. min.

8. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Concrete Block Mfg.

11. Industry or business

FATHER 12. Name John B. Wolfkill

13. Birthplace Washington County, Md.

MOTHER 14. Maiden name Lula M. Grossnickle

15. Birthplace Washington County, Md.

16. Informant Lee A. Wolfkill,

Address Rockville, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15, 1940 (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Rural- Near Cearfoss, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Maryland.

19. Apr. 15, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1940 5:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 22 1940 to April 12, 1940 and that I last saw him alive on April 12, 1940

Immediate cause of death	DURATION
Melano. Sarcoma of	
Due to left iliac bone	1 yr
Due to	
Other conditions Secondary intra abdominal hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J B Norment M D

M. D. or other

Address Hagerstown, Md Date signed 4/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

04607

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Rural near Chewsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural Near Chewsville Md No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Sadie A. Yessler

3. (b) Social Security Number None

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 – 1866

8. AGE: Years 73 Months 7 Days 0 If less than one day hrs. min.

9. Birthplace Near Chewsville Washington Co. Md (Town, county, and state)

10. Usual occupation House duties

11. Industry or business Self

FATHER

12. Name Samuel H. Yessler

13. Birthplace Pondsville Md

MOTHER

14. Maiden name Elizabeth Bowers

15. Birthplace Near Chewsville Md

16. Informant Charles V Yessler

Address Chewsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 13 – 1940 (month) (day) (year)

Cemetery or crematory Chewsville U.B. Church

Location Chewsville Md

18. Funeral director Scott F. Minnick & Son

Address Hagerstown Md

19. Apr. 11, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 9.15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/6 1939, to 4/10 1940, and that I last saw her alive on 4/9 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 12/6/39

Due to Arterio-sclerotic-Hypertensive Cardio vascular disease — 10 yrs

Due to

Other conditions

(Includa pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy N

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Lusby M. D. or other

Address 170 W Wesley St Date signed 4/10/40

Dr Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.